



National  
Aeronautics and  
Space  
Administration

## Federal Employees Health Benefits Program (FEHB) Premium Conversion Waiver/Election

### PURPOSE

*THIS FORM IS USED TO ELECT OR WAIVE PRE-TAX TREATMENT OF EMPLOYEE PREMIUM CONTRIBUTIONS TO THE FEHB PROGRAM. PRE-TAX TREATMENT IS AUTOMATIC. YOU DO NOT NEED TO COMPLETE THIS FORM UNLESS YOU ELECT NOT TO HAVE YOUR FEHB PREMIUM CONTRIBUTIONS DEDUCTED ON A PRE-TAX BASIS, OR YOU PREVIOUSLY WAIVED THIS BENEFIT AND NOW ELECT TO PARTICIPATE.*

### I. PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	MI	SSN
CENTER NAME	CENTER ADDRESS	OFFICE PHONE	

### II. ELECTION TO WAIVE PARTICIPATION IN PREMIUM CONVERSION

*I ELECT TO WAIVE PARTICIPATION IN PREMIUM CONVERSION AND THE PRE-TAX TREATMENT OF MY FEHB PREMIUMS. I WOULD LIKE TO HAVE MY FEHB PREMIUM CONTRIBUTIONS DEDUCTED FROM MY PAY ON AN AFTER-TAX BASIS.*

SIGNATURE	DATE
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- ☐ THIS IS MY INITIAL OPPORTUNITY TO WAIVE PARTICIPATION IN PREMIUM CONVERSION,
- ☐ I AM MAKING THIS ELECTION TO WAIVE PARTICIPATION DURING FEHB OPEN SEASON.
- ☐ I WISH TO WAIVE PARTICIPATION IN PREMIUM CONVERSION ON ACCOUNT OF AND IN ACCORDANCE WITH A QUALIFYING LIFE EVENT.

### III. ELECTION TO RESTORE PARTICIPATION IN PREMIUM CONVERSION

*I ELECT TO HAVE MY FEHB PREMIUMS DEDUCTED FROM MY PAY OR A PRE-TAX BASIS. I UNDERSTAND THAT I MAY ONLY CHANGE MY FEHB PREMIUM DEDUCTIONS TO AN AFTER-TAX BASIS DURING A SUBSEQUENT OPEN SEASON OR UPON A QUALIFYING LIFE EVENT. SEE INSTRUCTIONS FOR ACCEPTABLE EVENTS.*

SIGNATURE	DATE
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- ☐ I AM MAKING THIS ELECTION TO PARTICIPATE DURING THE FEHB OPEN SEASON.
- ☐ I WISH TO PARTICIPATE IN PREMIUM CONVERSION ON ACCOUNT OF AND IN ACCORDANCE WITH A QUALIFYING LIFE EVENT.

### IV. TO BE COMPLETED BY PAYROLL OFFICE

APPROVED ☐ DISAPPROVED ☐ EFFECTIVE DATE: \_\_\_\_\_

AUTHORIZED AGENCY OFFICIAL: \_\_\_\_\_  
SIGNATURE DATE

**PRIVACY ACT STATEMENT: THIS INFORMATION IS COLLECTED UNDER 5 C.F.R. § 892 AND WILL BE USED TO PROCESS YOUR DECISION TO WAIVE OR RESTORE THE PRE-TAX TREATMENT OF YOUR FEHB PREMIUMS. THIS INFORMATION MAY ALSO BE USED PURSUANT TO ROUTINE USES PROMULGATED BY OPM UNDER 5 U.S.C. § 552a(b)(3). COMPLETION OF THIS FORM IS VOLUNTARY. HOWEVER, IF THIS INFORMATION IS NOT PROVIDED, WE WILL BE UNABLE TO PROCESS YOUR WAIVER OR RESTORATION OF PREMIUM CONVERSION.**